

Case Number:	CM15-0016474		
Date Assigned:	02/04/2015	Date of Injury:	11/14/2006
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male who sustained an industrial injury on 11/14/06. The injured worker reported symptoms in the back, left hip and left knee. The diagnoses included hip joint inflammation on the left, discogenic lumbar condition with facet inflammation, and internal derangement of the left knee, large chondral lesion, element of depression, anxiety and sleep, weight loss. Treatments to date include transcutaneous electrical nerve stimulation unit, activity modification, cortisone injections, ice/heat applications, oral anti-inflammatory medications. In a progress note dated 12/12/13 the treating provider reports the injured worker stated "his pain is better with rest and worse with activities" and noted upon physical exam "tenderness along the knee...weakness to resisted function..." Last progress note from 12/9/14 patient complains of L knee, R hip, pelvis and low back pain. Exam reveals along lumbar spine with decreased range of motion. Knee has 5-/5 strength and normal range of motion. Rationale for knee brace was for a replacement of prior knee brace. On 12/31/14 Utilization Review non-certified, the request for Deflance knee brace molded plastic lower knee additional and upper knee addition. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Deflance Knee Brace Molded Plastic Lower Knee additional and upper knee addition:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-16, 346. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic), Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Knee pain is chronic and is being treated by multiple modalities. As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. It is only recommended for short-term use and along with functional rehab program. The primary treating physician has not documented knee stability issues. There is also no note why a brace was requested and if a functional rehabilitation program is involved. Knee brace is not medically necessary.